

2003 Boards and Commissions Report

Washington Dairy Products Commission

1. Board/Commission Name (B/C)

Department of Agriculture

2. Name B/C reported under in 2001 or Unchanged ☒

1939

10

9

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

Building demand for milk and dairy products on either a state, national, or foreign basis. Conduct scientific research to develop and discover uses for products of milk and its derivatives. Conduct the necessary research to develop more efficient and equitable methods of marketing dairy products, and enter upon, singly or in participation with others, the promotion and development of state, national, or foreign markets. Promote public relations and educational efforts. Participate in federal and state agency hearings, meetings, and other proceedings relating to the regulation of the production, manufacture, distribution, sale, or use of dairy products, to provide educational meetings and seminars for the dairy industry on such matters, and to expend commission funds for such activities.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

1) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$87,482

Assessment on all fresh milk sales/N

2003-2005 Biennium Estimate

\$103,504

Assessment on all fresh milk sales/N

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Active producer participation is essential otherwise producer support would decline.

b) Active producer participation is essential otherwise producer support would decline. This is an agricultural program and should not be transferred.

c) Funding of research and marketing activities would decline affecting producer income, research efforts and the economic viability of the industry in Washington.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 15.44

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: 7 elected by affected producers, 1 elected by affected dealers, 2 appointed by the Director of Agriculture

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☐ one ☒ two ☐ three ☐ four

16. Required Representation:

Seven producer members of the commission are elected by their peers in seven state districts

One dealer member is elected by affected dealers

One member who is a producer and also acts as a dealer is appointed by the Director of Agriculture

Director of Agriculture (ex officio)

17. Federal or other mandates:

The Washington Dairy Products Commission is a qualified promotion program certified by USDA under the Dairy & Tobacco Adjustment Act of 1983.

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

None

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Celeste Piette, Office/Business Manager

8/4/03

4201 198th St. SW, Ste. 101
Lynnwood, WA 98036

(425) 672-0687

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Office of the Deaf and Hard of Hearing/ Telecommunication Relay Service Advisory Committee on Deafness

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS, Office of the Deaf and Hard of Hearing

1979

9

6

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

To provide input on various issues related to deafness to ODHH and DSHS. Then make recommendations to ODHH and to improve services to deaf and hard of hearing clients and the Telecommunication Relay Service program.

8. Estimated Operating Costs
(Boards/Commissions Only)

Total
Costs

Sources of Funds

2) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

22,200

Tele Device Hearing/Speech Impaired Account -- A

2003-2005 Biennium Estimate

22,000

Tele Device Hearing/Speech Impaired Account -- A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) The limited number of staff employed at ODHH would be forced to manage their existing responsibilities along with the duties that the advisory committee is responsible for. This would cause an undue hardship for the staff of ODHH.

b) Other agencies do not have the knowledge of Deaf and Hard of Hearing cultures. This knowledge is essential in order to maintain a working relationship with the Deaf and Hard of Hearing communities.

c) Without a committee the Office of the Deaf and Hard of Hearing would lack the communities feedback on how to improve services within ODHH and DSHS.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW # 43.20A.725 Sect. 5

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: Leon Curtis, Director Of ODHH, Tim Brown, Assistant Secretary DSHS, Dennis Braddock, Secretary DSHS

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

None.

17. Federal or other mandates:

N/A

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

No

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

G. Leon Curtis

8/27/03

1115 Washington SE MS: 45300, Olympia, WA 98504

360-902-8000

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Dental Hygiene Examining Committee

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

Washington State Department of Health

1983

4

4

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

Dental Hygiene examination and advisory to the Secretary of the Department of Health.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

3) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$20,000

1) Health Professions Account

2) A

2003-2005 Biennium Estimate

\$20,000

1) Health Professions Account

2) A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) The impact of losing committee direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.

b) Professional knowledge and expertise would be lost. Most likely agency is the Department of Licensing.

c) Agency would need to find technical advice elsewhere.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

Chapter 18.29 RCW

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: Secretary, Department of Health

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☐ one ☐ two ☒ three ☐ four

16. Required Representation:

Three licensed Dental Hygienists and 1 public member.

17. Federal or other mandates:

None.

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:
None.

19. Certification:

I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.

Vicki L. Brown, Health Services Cons. 3

7/10/03

310 Israel Road SE, Tumwater, WA 98501

360-236-4865

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Dental Quality Assurance Commission (DQAC)

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

Washington State Department of Health

1994

14

9

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

The Dental Quality Assurance Commission is a 14 member body, appointed by the Governor. The Commission structure is 12 practicing dentists and 2 consumer members. By statute, 4 members must reside east of the summit of the Cascade Mountain Range. Dentists must be in active practice for 5 years preceding application, terms are 4 years and no member may serve more than 2 consecutive terms.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

4) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$280,000

1) Health Professions Account

2) A

2003-2005 Biennium Estimate

\$300,000

1) Health Professions Account

2) A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) The impact of losing board direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.

b) Professional knowledge and expertise would be lost. Most likely agency is the Department of Licensing.

c) The responsibilities are necessary to protect the public from incompetent or unqualified practitioners.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 18.32.0351; RCW 18.32.057

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: Governor

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☒ Yes ☐ No

15. Board/Commission member compensation class

☐ one ☐ two ☐ three ☐ four ☒ five

16. Required Representation:

The Dental Quality Assurance Commission is a 14 member body, appointed by the Governor. The Commission structure is 12 practicing dentists and 2 consumer members. By statute, 4 members must reside east of the summit of the Cascade Mountain Range. Dentists must be in active practice for 5 years preceding application, terms are 4 years and no member may serve more than 2 consecutive terms.

17. Federal or other mandates:

None

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

None

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Lisa R. Anderson, Health Services Cons.

7/11/03

310 Israel Road SE, Tumwater, WA 98501

360-236-4863

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Board of Denturists

Board of Denture Technology

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☐

Washington State Department of Health

1995

7

8

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

Determine qualifications for licensure, administer and determine requirements for examinations and adopt rules.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

5) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$14,000

1) Health Professions Account

2) A

2003-2005 Biennium Estimate

\$14,000

1) Health Professions Account

2) A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) The impact of losing board direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.

b) Professional knowledge and expertise would be lost. Most likely agency is the Department of Licensing.

c) The responsibilities are necessary to protect the public from incompetent or unqualified practitioners.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

Chapter 18.30

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: Secretary, Department of Health

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

Four licensed denturists, two public members and one licensed dentist.

17. Federal or other mandates:

None

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

None

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Rob Darling, Program Manager

7/10/03

PO Box 47867, Olympia, WA 98504-7867

360-236-4868

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Division of Developmental Disabilities Region 1 Advisory

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS - Region 1/Division of Developmental Disabilities

1990

20

15

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

The advisory board is established by the administration and provides a vehicle through which all stakeholders receive information and give advice on program and budget planning and implementation, priority development and the delivery of services to people with disabilities and their families living in Northeast Washington (Region 1). The advisory board is composed of representatives of interest groups which need, use, or provide services.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

6) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$5,628.00

G.F. State, A

2003-2005 Biennium Estimate

\$5,628.00

G.F. State, A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Management would incorporate this process into other "team planning" sessions and provide information to stakeholders through other existing advocacy and support groups

b) Consumers, their families, advocates, and service providers would not have a consistent way of exchanging information about services for people with disabilities in Northeast Washington.

c) The department would not have routine access to the program and service delivery expertise which the board represents.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.20A.350

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: DDD 1 Regional Administrator

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

Individuals residing in the eleven Northeastern counties of Region 1. We have participation from consumers, parents/family members, providers, Counties and other community representatives.

17. Federal or other mandates:

N/A

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Karen Santschi, Regional Administrator, Region 1

8/2703

1611 West Indiana Ave., Spokane, WA 99205

(509) 329-2893

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Developmental Disabilities Advisory Board-Region 2

1. Board/Commission Name (B/C)

DSHS - Region 2/Division of Developmental Disabilities

2. Name B/C reported under in 2001 or Unchanged ☒

1992

19

19

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

To provide Regional Administrator & Regional Program Administrators with feedback on needs of the community and feedback concerning policy and program implementation.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

7) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$4,250.00

G.F. State, A

2003-2005 Biennium Estimate

\$4,250.00

G.F. State, A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Not a staff function

b) Specific to DDD

c) Would lose valuable input from parents & community programs.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.20A.350

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: DDD 2 Regional Administrator

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

None. Strong emphasis on diversity, persons with disability, parents minority representation

17. Federal or other mandates:

N/A

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Paul Reynolds, Regional Administrator, Region 2

6/22/03

P.O. Box 12500; B39-7, Yakima, WA 98908

(509) 225-7975

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Developmental Disabilities Advisory Board-Region 3

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS - Region 3/Division of Developmental Disabilities

1992

20-25

8

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

To serve as a bridge between the Division and local communities, providing vision, advocacy and education in the interest of people with disabilities.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds
8) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.
2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$2,316.00

G.F. State, A

2003-2005 Biennium Estimate

\$2,316.00

G.F. State, A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Less community input to the management team.

b) Not feasible as intent is to provide community input to this agency.

c) Less consumer and community input.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.20A.350

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: DDD 3 Regional Administrator

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

None. Strong emphasis on diversity, persons with disability, parents minority representation

17. Federal or other mandates:

N/A

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification:

I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.

Randy Burge, Regional Administrator, Region 3

6/22/03

840 N. Broadway Bldg. A., Suite 100, Everett, WA 98201

(425) 339-4838

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Division of Developmental Disabilities Region 4 Advisory

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS - Region 4/Division of Developmental Disabilities

1989

30

22

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

Informational for membership and Advisory to region Staff. Resolve local issues; critique policies; advise Division Director; provide family perspective; assure quality services and living arrangements; continue downsizing; share national trends; and understand training needs.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

9) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$11,402.00

G.F. State, A

2003-2005 Biennium Estimate

\$11,402.00

G.F. State, A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Lack of informed stakeholders, uninformed consumers.

b) Issues are specific to DDD and issues would not be resolved.

c) Again, uninformed constituency; no advice to RA on regional basis.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.20A.350

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: DDD 4 Regional Administrator

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

None. Strong emphasis on diversity, persons with disability, parents minority representation

17. Federal or other mandates:

N/A

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification:

I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.

Marybeth Poch, Regional Administrator, Region 4

6/22/03

1700 E. Cherry St. N46-6
Seattle, WA 98122-4695

(206) 568-5711

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Developmental Disabilities Advisory Board-Region 5

1. Board/Commission Name (B/C)	2. Name B/C reported under in 2001 or Unchanged <input checked="" type="checkbox"/>
DSHS - Region 5/Division of Developmental Disabilities	1991 20 12

3. Agency to which B/C reports	4. Year B/C was established	5. Number of members	6. Number of meetings last biennium
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7. Summary: Primary Responsibilities:

Provide advice to Region 5, Division of Developmental Disabilities (DDD), on program planning, priority development, budget planning and implementation and service delivery. Provide citizen and other stakeholder access/opportunity for impact on decisions made regionally. Provide for local participation, advice, review, and recommendation regarding state services. Programs in Region 5 DDD include Field Services, Frances Haddon Morgan Center, Rainier, and State Operated Living Alternatives (SOLA).

8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Sources of Funds
		10) Enter fund sources, e.g., G.F. State, State Building Code Account, etc. 2) "A" if appropriated or "N" if non-appropriated
2001-2003 Biennium Actual	\$4,800.00	G.F. State, A
2003-2005 Biennium Estimate	\$4,800.00	G.F. State, A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

- a) Staff cannot contribute stakeholder input so we would lose stakeholder perspectives. b) Same c) Same

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.20A.350

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: DDD 5 Regional Administrator

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

This group is not mandated. At regional discretion of the board is expected to have representation of the following groups: Clients, parents of persons who have developmental disabilities, parent coalitions, labor, local counties, vendors, and interested citizens.

17. Federal or other mandates:

N/A

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification:

I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.

A. Delight, Regional Administrator, Region 5	6/22/03	1305 Tacoma Avenue South Tacoma, Washington 98405	(253) 593-2820
Name and Title	Date	Address	Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Developmental Disabilities Advisory Board-Region 6

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS - Region 6/Division of Developmental Disabilities

1991

8

2

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

To serve as a bridge between the Division and local communities, providing vision, advocacy, and education in the interest of people with disabilities.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

11) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$1,278.00

G.F. State, A

2003-2005 Biennium Estimate

\$1,278.00

G.F. State, A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Lack of informed stakeholders, uninformed consumers.

b) Issues are specific to DDD and issues would not be resolved.

c) Again, uninformed constituency; no advice to RA on regional basis.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.20A.350

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: DDD 6 Regional Administrator

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

None. Strong emphasis on diversity, persons with disability, parents minority representation

17. Federal or other mandates:

N/A

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Geoff Hartford, Regional Administrator, Region 6

6/22/03

P.O. Box 45315, Olympia, WA 98504

(360) 570-3184

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Developmental Disabilities Council

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

Community, Trade and Economic Development

1972

33

12

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

Conduct systemic change, capacity building, and advocacy activities to achieve goals, objectives and performance targets as outlined in the Council's State Plan that promote self-determination, independence and inclusion of persons with developmental disabilities and their families in all facets of community life. Provide recommendations to the Governor, Legislature, and service-providing state agencies about public policy issues on developmental disabilities. Partner with non-profits, public agencies, and state agencies to increase and improve services and supports for individuals with developmental disabilities and their families.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

12) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$260,000

GF-State - A

\$1,900,000

GF-Federal- A

2003-2005 Biennium Estimate

\$270,000

GF-State- A

\$2,100,000

GF-Federal- A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Loss of federal funds

b) Federal Law prohibits transfer of Council activities to a direct service provider agency

c) Loss of federal funds

10. Legal authorization: State Constitution Article, RCW, WAC or EO

EO 96-06

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: Governor

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

Persons with developmental disabilities; parents, guardians and family members; representatives of the principal state agencies; State Protection and Advocacy System; local agencies; and non-governmental agencies and groups concerned with services to people with developmental disabilities

17. Federal or other mandates:

PL 106-402

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:
none

19. Certification:

I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.

Ed Holen, Executive Director

7/21/03

2600 Martin Way E, Suite F, PO Box 8413, Olympia, Wa
98504-8314

586-3558

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Developmental Disabilities Endowment Fund Board

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

CTED

2000

7

11

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

The Governing Board is responsible for creating all policies for the Endowment Fund and authorizing all distributions from the Endowment Fund.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

13) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.
2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$460,000

GF-State
A

2003-2005 Biennium Estimate

\$366,531

CTED Fee Account
A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Would not fulfill legislative mandate

b) Would not fulfill legislative mandate

c) Would not fulfill legislative mandate

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.330.210

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: Governor

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☐ one ☐ two ☒ three ☐ four

16. Required Representation:

Three members, who shall be appointed by the Governor, shall be persons who have demonstrated expertise and leadership in areas such as finance, actuarial science, business, or public policy. Three members shall be persons who have demonstrated expertise and leadership in areas such as business, developmental disabilities service design, management, or public policy, and shall be family members of persons with developmental disabilities. The seventh member of the board, who shall serve as chair of the board, shall be appointed by the remaining six members of the board.

17. Federal or other mandates:

none

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Eileen Ackerman, DDEF Program Manager

7/16/ 03

906 Columbia St SW, Olympia WA MS: 48350

360/725-2862

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Division of Developmental Disabilities State Advisory Committee (SAC)

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS

1998

20

8

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

The DDD State Advisory Committee, established by the division, provides input and feedback from consumers and their families about services and programs for people with developmental disabilities enrolled for DDD services. The State Advisory Committee is a place where information from the regional advisory committees can be exchanged and statewide implications discussed. The division solicits input from the DDD SAC on policy direction, program modifications and budget impacts to services.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

14) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$20,000

G.F. State -- A

2003-2005 Biennium Estimate

\$20,000

G.F. State -- A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) The DDD SAC members are consumers of division services provided by state and contracted staff and their input and feedback cannot be provided by staff.

b) The SAC provides input and feedback directly to the Division Director and management staff who are responsible for providing services. Moving to another agency would be less effective in impacting change and responsiveness to clients.

c) Clients and their families have little opportunity to meet directly with division management to have face-to-face discussions about their issues and concerns. SAC provides this opportunity rather than a more formal, less personal, process through administrative channels.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 43.20A.350

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: Director, Division of Developmental Disabilities

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

By DDD SAC by-laws, representation on the committee will be clients of the DDD and family members of people enrolled in DDD's caseload. Representation will be from statewide regional areas and represent the diversity of the caseload.

17. Federal or other mandates:

Solicit and consider client and family input to developmental disabilities service planning and delivery.

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:
N/A

19. Certification:

I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.

Linda Johnson, Office Chief, Analysis & Information

8/28/03

P.O. Box 45310, Olympia, WA 98504-5310

(360) 902-0200

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Diabetes Control Program Advisory Council

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

Department of Health

1979

25

4

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

To create public/private partnerships to evaluate the burden of diabetes to the state of Washington and to advise the Diabetes Control Program on the interventions to reduce this burden.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

15) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$6,590

1) CDC Federal Grant

2) A

2003-2005 Biennium Estimate

\$5,640

1) CDC Federal Grant

2) A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Staff would have to gather community direction informally, lacking clear consensus direction and from the contitutes and increasing cost and time to program.

b) Loss of specific interest in statewide public health diabetes.

c) Our funding agency CDC required an Advisory Council. Dropping would threaten funding 100% of the funding.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

Required for federal funding.

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: Assistant Secretary of Health, Community & Family Health

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☐ one ☐ two ☐ three ☐ four

16. Required Representation:

Broad geographic, organizational, community, ethic, political, professional and health care delivery representation.

17. Federal or other mandates:

Required as a condition of federal funding.

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

None

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Jan Norman/Kathleen Clark

7/23/03

PO Box 47836 Olympia, WA 98504-7836

360.236.3686

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Disability Initiative Advisory Committee

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS

1994

15

4

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

To review and monitor DSHS policies affecting persons with disabilities.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

16) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$5,000.

G.F. State
A

2003-2005 Biennium Estimate

\$5,000

G.F. State
A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) DSHS depends on this committee for Olmstead community input as required in state plan.

b) inappropriate to have another agency review DSHS policies

c) Stakeholders likely to disapprove.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

70.96A.070 AND; Executive Order 93-03

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: Eddie Rodriguez/Human Resource Division Equal Opportunity Compliance Officer

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

No

17. Federal or other mandates:

No

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

N/A

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Eddie Rodriguea, DAEO

8/29/03

PO Box 45830 Olympia, WA 98504

360-664-5949

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Dispensing Optician Examining Committee

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

Washington State Department of Health

1948

3

8

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

Prepares, maintains and administers the dispensing optician licensing examination. Provides technical expertise and/or makes recommendations to the secretary on the administration of the dispensing optician statute.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

17) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$16,243

1) Health Professions Account

2) A

2003-2005 Biennium Estimate

\$17,706

1) Health Professions Account

2) A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) The impact of losing committee direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.

b) Professional knowledge and expertise would be lost. Most likely agency is the Department of Licensing.

c) Agency would need to find technical advice elsewhere.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 18.34.050

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: Secretary, Department of Health

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☐ one ☒ two ☐ three ☐ four

16. Required Representation:

Three dispensing opticians primarily engaged in the business of dispensing opticianry.

17. Federal or other mandates:

None

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

None

19. Certification:

I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.

Judy Haenke, Program Manager

07/10/2003

P O Box 47870, Olympia, WA 98504-7870

(360) 236-4947

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Displaced Homemaker Program Statewide Advisory Committee

1. Board/Commission Name (B/C)	2. Name B/C reported under in 2001 or Unchanged <input checked="" type="checkbox"/>
Higher Education Coordinating Board	
3. Agency to which B/C reports	4. Year B/C was established
	1979
	5. Number of members
	Average 18
	6. Number of meetings last biennium
	4

7. Summary: Primary Responsibilities:

Work to develop and review policy recommendations and provide expertise and guiding advice to the Board program staff. Develop funding recommendations based on Request for Proposals or applications.

8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Sources of Funds 18) Enter fund sources, e.g., G.F. State, State Building Code Account, etc. 2) "A" if appropriated or "N" if non-appropriated
2001-2003 Biennium Actual	\$21,278	G.F. State/A
2003-2005 Biennium Estimate	\$12,000	G.F. State/A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| a) We would lose the benefit of a statewide service provider, and program participant perspective in developing funding recommendations and identifying program priorities. Would lose expertise and on-going formal communications between staff of other state agencies thereby inhibiting collaboration. | b) Transferring the Advisory Committee to a different agency would take away its priority and uniqueness in light of larger or smaller programs. | c) Same as A. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 28B.04.085, WAC 250-44-030

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: Executive Director, HECB

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

A member from each of the following agencies is required: Department of Social & Health Services; State Board for Community and Technical Colleges; Superintendent of Public Instruction; Employment Security Department; Department of Labor & Industries; Department of Community Trade/Economic Development; Workforce Training & Education Coordinating Board. Two members of the committee shall either be or recently have been a displaced homemaker.

17. Federal or other mandates:

None

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Joann Wismann, Associate Director for Administrative Services	7/25/03	PO Box 43430 Olympia, WA 98504-3430	(360) 753-7831
Name and Title	Date	Address	Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Drug Utilization and Education Council

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

DSHS-Medical Assistance Administration

1990

8

11

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

The Drug Utilization and Education Council is established in federal law and rule to set standards for drug use and provides educational intervention which is designed to change prescribing behaviors and reduce potential adverse drug outcomes for Medicaid clients

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds

19) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.

2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

25,172.62

GF-S -- A

GF-F -- A

2003-2005 Biennium Estimate

2,500.00

GF-S -- A

GF-F -- A

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) External DUR Board of actively practicing Physicians and Pharmacists is federally required.

b) The federally required functions of a DUR Board can be transferred to a P & T Committee as long as MAA collaborates with HCA to insure that federal requirements for Medicaid are met.

c) DUR Board function is a federal requirement. The abolishment of the committee would jeopardize federal Medicaid dollars.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

Omnibus Reconciliation Act of 1990 (OBRA 90); 42 CFR 1996(g) Sec 1927

11. Legal Authorization is:

☐ Specific ☒ General

12. Appointing Authority: Secretary of DSHS

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☐ Yes ☒ No

15. Board/Commission member compensation class

☒ one ☐ two ☐ three ☐ four

16. Required Representation:

Required membership: 1/3 pharmacists and 1/3 physicians. Minimum number of members is 8 and maximum is 10.

17. Federal or other mandates:

Provide input to state agency

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

None

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Siri Childs, Pharm D
Pharmacy Program Manager

8/29/03

P.O. Box 45506, Olympia, WA 98504-5506

(360) 725-1564

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)

2003 Boards and Commissions Report

Washington Dry Pea & Lentil Commission

1. Board/Commission Name (B/C)

2. Name B/C reported under in 2001 or Unchanged ☒

Department of Agriculture

1965

9

12

3. Agency to which B/C reports

4. Year B/C was established

5. Number of members

6. Number of meetings last biennium

7. Summary: Primary Responsibilities:

Collect assessments, develop advertising and marketing programs, establish grades and standards, provide marketing information to producers, and disburse funds for these purposes.

8. Estimated Operating Costs (Boards/Commissions Only)

Total Costs

Sources of Funds
20) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.
2) "A" if appropriated or "N" if non-appropriated

2001-2003 Biennium Actual

\$44,895

Producer assessments/N

2003-2005 Biennium Estimate

\$42,395

Producer assessments/N

9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.

a) Producer support and involvement would decline.

b) This is an agricultural program and should not be transferred.

c) Funding of marketing activities would decline affecting producer income and the economic viability of the industry in Washington.

10. Legal authorization: State Constitution Article, RCW, WAC or EO

RCW 15.65 and WAC 16-536

11. Legal Authorization is:

☒ Specific ☐ General

12. Appointing Authority: 7 elected by affected producers, 1 elected by affected handlers, 1 appointed by the Director of Agriculture

13. Is Senate confirmation required?

☐ Yes ☒ No

14. Does Board/Commission have subpoena powers?

☒ Yes ☐ No

15. Board/Commission member compensation class

☐ one ☒ two ☐ three ☐ four

16. Required Representation:

District 1: Whitman County - 3 producers

District 2: Spokane County - 2 producers

District 3: Walla Walla, Garfield, Asotin, and Columbia counties - 1 producer

District 4: All counties east of the Cascades - 1 producer and 1 handler

One member appointed by the Director of Agriculture representing the Department and the public

17. Federal or other mandates:

None

18. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:

None

19. Certification: *I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.*

Mark Watson, Financial Officer

7/30/03

2780 W. Pullman Rd. Moscow, ID 83843

(208) 882-3023

Name and Title

Date

Address

Phone

(This person assumes responsibility for accurate transmittal of the above information.)